

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10630490

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	47	minus 20 =	* 27
INDEPENDENT CLAIMS	9	minus 3 =	* 6
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE	FEES	RATE	FEES
BASIC FEE	375.00	BASIC FEE	750.00
X\$ 9=		X\$18=	486
X42=		X84=	504
+140=		+280=	
TOTAL		OR TOTAL	1740

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
	* 38	Minus	** 47	= <input type="checkbox"/>
Independent	* 2	Minus	*** 9	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY
OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<input type="checkbox"/>

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
	* <input type="checkbox"/>	Minus	** <input type="checkbox"/>	= <input type="checkbox"/>
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<input type="checkbox"/>

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
	* <input type="checkbox"/>	Minus	** <input type="checkbox"/>	= <input type="checkbox"/>
Independent	* <input type="checkbox"/>	Minus	*** <input type="checkbox"/>	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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